

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 00/700001	FILING DATE						
APPLICANT(S)						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	2	1					TOTAL						
TOTAL	10						IND.						
DEP.							TOTAL						
CLAIMS	12						DEP.						